



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
EOHHS Compliance Office
600 Washington Street
Boston, Massachusetts 02111

Attestation of Compliance

Employee Education about Medicaid False Claims Federal Deficit Reduction Act of 2005 - Section 6032

I, acting on behalf of the entity named below, and authorized to so act, after diligent inquiry, hereby attest that said entity complies with the requirements under 42 U.S.C. §1396a(a)(68), enacted under Section 6032 of the Deficit Reduction Act of 2005 (the Act).

I understand said Act requires all entities that receive or make at least five million dollars in Medicaid payments annually to educate employees at all associated locations about federal and state laws concerning false claims and whistleblower protections. I further understand the Act requires that as a condition of receiving such payments, the entity:

- establish written policies for all employees and contractors of the entity, that provide detailed information about federal and state false claims laws, penalties for submitting false claims and statements, whistleblower protections, and the role of the laws in preventing and detecting fraud, waste and abuse;
- include as part of such written policies detailed information about the entity's policies and procedures for detecting and preventing fraud, waste, and abuse in Federal health care programs; and
- include in any employee handbook, if one exists, a specific discussion of such laws, whistleblower protections, and the entity's policies and procedures for detecting fraud, waste, and abuse.

I further attest that access to such information is available (check all that apply)

- ☐ Through electronic communications
- ☐ Printed and included in Employee Handbooks
- ☐ Printed and posted in easily accessible areas.
- ☐ Other: _____

Person responsible for publication/distribution and contact information:

Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

Signature of Authorized Representative

Date: _____

Print Name: _____ Print Title: _____

Print Name of Entity: _____